



REVISED

January 2023

www.GoCary.org

Application for Door to Door Service (En español)

GoCary Door to Door is a shared ride service for persons with disabilities that prevent them from using the GoCary fixed route system, as well as Town of Cary residents aged 60 and over.

Interested individuals must complete an eligibility application and receive approval from the Town of Cary before reservations will be accepted. There are different application instructions depending on your level of eligibility. Please read all the instructions before completing the application.

Instructions

Please review the GoCary Door to Door Passenger Guide on our website at www.GoCary.org/RideGuideD2D.

If you would like a hard copy mailed to you, please call 919-653-7141 or send a request to BetterTransit@GoCary.org. After you have reviewed the guide, please complete this application based on your eligibility.

ADA Eligibility

Persons with a disability (as defined by the Americans with Disabilities Act) that require special facilities, services, or planning which prevent them from using GoCary fixed route service, must complete Parts A and B of this application.

A qualified human services or medical professional with knowledge of your disability must then complete Part C. The completed, signed application must then be submitted to:

By Mail: Town of Cary
Attn: GoCary Door to Door
P.O. Box 8005
Cary, NC 27512

By Email:
BetterTransit@GoCary.org

In Person: GoCary Operations Center
Operated by MV Transportation
1107 Trinity Road
Raleigh, NC 27607

By Fax:
(919) 380-6426

Once Town staff receives your completed application (including Part C) it will be reviewed for eligibility. You will be notified in writing of the determination of eligibility within 21 days. If a determination of eligibility is not made within 21 days of receipt of a completed application, the applicant will be treated as eligible and provided service until a final eligibility determination is made.

Senior Eligibility

If you do not have a disability that prevents you from using GoCary's fixed route system, but you are age 60 or over AND a Cary resident, please complete Part A only. The completed, signed application must then be submitted to:

By Mail: Town of Cary
 Attn: GoCary Door to Door
 P.O. Box 8005
 Cary, NC 27512

By Email:
BetterTransit@GoCary.org

In Person: GoCary Operations Center
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*Please note, applicants that only complete Part A of the application are not eligible to travel with a Personal Care Attendant (PCA) and reservation requests are approved on a space available basis.

Town of Morrisville Residents

If you are a Town of Morrisville resident that lives within $\frac{3}{4}$ mile of GoCary Route 7, you may be eligible under the Americans with Disabilities Act for GoCary Tier 1 service. Please follow the instructions under "ADA Eligibility" on page 1. Town of Morrisville residents are not eligible to apply based on age.

Inactivity

Registered customers who have not used the Door to Door service within a 12-month period will be deemed inactive and removed from the active customer database. Inactive customers must reapply for the Door to Door program if they wish to resume service.

Application

Please check the box below that applies to you and provide the required information. If you need to reserve your one *free* ride to the GoCary Operations Center for application purposes only, please call (919) 481-2020 and select Option 3.

I have a disabling condition as recognized by the Americans with Disabilities Act that prevents me from using GoCary's fixed route service.

Please complete Parts A and B, then have a medical professional with knowledge of your disability complete Part C. This application will not be reviewed for eligibility until all three parts have been completed. To be eligible for travel in Tier 2 or Tier 3, proof of residency is required.

I am a Cary resident, age 60+. I do not have a disabling condition as recognized by the Americans with Disabilities Act that prevents me from using GoCary's fixed route service.

Please complete Part A only. Proof of age and residency is required. I understand that by registering as a Senior, I am not eligible to travel with a Personal Care Attendant and my trips will be approved on a space available basis.

Date of Application: _____

A. General Information (please complete all fields)

Name _____

Date of Birth _____ M _____ F _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Note: By providing your email address, you agree to receive email communication from the Town of Cary. If you subscribe to the email service option, your email address will not be given to third parties in accordance with state law. We will only use the email to: (1) communicate with you about GoCary matters; (2) share emergency information with you; and/or (3) contact you regarding any email subscriber administrative issues that may arise. For questions, please contact the Transit Program Coordinator at (919) 653-7141 or by email at BetterTransit@GoCary.org.

Emergency Contact Information

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Are you:

Deaf / Hard of Hearing ____ Yes Dial 711? ____ Yes
 ____ No ____ No

Do you require any of the following? (check all that apply)

Manual Wheelchair ____ Yes ____ No

Power Wheelchair ____ Yes ____ No

Motorized Scooter ____ Yes ____ No

If yes, what is the combined weight (____ lbs) of the passenger and the wheelchair/scooter?

If yes, what is the length (____ inches) and width (____ inches) of the wheelchair/scooter?

IMPORTANT NOTE

Passengers who use wheelchairs/scooters must have a ramp if steps are present. Driver’s will not “bump” passengers up/down stairs or in/out of houses/buildings.

If you use a wheelchair or scooter, is your home equipped with a wheelchair ramp?

_____ Yes _____ No

Cane _____ Yes _____ No

Walker _____ Yes _____ No

Crutches _____ Yes _____ No

Braces _____ Yes _____ No

Service Animal _____ Yes _____ No

Oxygen _____ Yes _____ No

Other (please explain): _____

_____ I have included Proof of Residency showing my current address with this application (ex. Copy of valid Driver’s License, Utility Bill, or other Statement). I understand that if I do not submit Proof of Residency, I am only eligible to travel in Tier 1.

_____ I have included Proof of Age with this application (required only if not completing Parts B and C, can be a copy of valid Driver’s License or other identification showing Date of Birth).

***Special Note: Please copy proof of eligibility documents onto an 8.5 x 11 sheet of paper. Do not cut to a small size. Do not staple, tape, or attach items together.**

I understand that the purpose of the application is to determine if I am eligible for GoCary's Door to Door transportation service. I certify that the information provided in this application is true and correct to the best of my knowledge and that the application will be returned to me if it is not complete, which delays processing. I understand that falsification or misrepresentation of facts, or changes in my medical condition, may result in changes to my certification status. I further understand that additional information from my healthcare professional related to my disability or medical condition may be required for ADA complementary paratransit service (Tier I) and will be used to help determine my eligibility. I agree to notify GoCary if I no longer need to use the Door to Door service.

Signature of Applicant: _____ **Date:** _____

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

If someone other than the applicant has completed this application, the following information must be provided.

Printed Name: _____

Signature: _____

Daytime Telephone Number: _____

Relationship to Applicant: _____ **Date:** _____

Applicant Name _____

B. Disabling Condition and Certification

1. What is the disability or health condition that prevents you from using GoCary's fixed route buses? (Please be specific but use layman's terms).

2. How does this disability or health condition limit or prevent you from using GoCary's fixed route service? Please be specific.

3. Are the conditions you described:

_____ Permanent _____ Vary day to day _____ Temporary

If Temporary, what is the anticipated end date? _____

4. Do you have medically defined cold sensitivity? _____ Yes _____ No

Above or below what temperatures? _____

If Yes, please explain: _____

5. Do you have medically defined heat sensitivity? _____ Yes _____ No

Above or below what temperatures? _____

If Yes, please explain: _____

6. Do other weather conditions affect your disability? _____ Yes _____ No

If Yes, please explain: _____

7. Do you have a visual impairment? _____ Yes _____ No _____ Sometimes

If Yes or Sometimes, please explain: _____

8. Is your breathing affected by weather or environmental conditions?
_____ Yes _____ No _____ Sometimes

If Yes or Sometimes, please explain: _____

9. Are any of the following skills affected by your disability?

If the answer is Sometimes, Never, or Not Sure, please explain by describing the effect and the extent of limitation caused by the disability.

Applicant can:

a) Cross a street with _____ 2-3 lanes _____ 4-6 lanes _____ Never

Comments: _____

b) Step on/off curbs _____ Always _____ Sometimes _____ Never _____ Not Sure

Comments: _____

c) Stand on a moving bus holding onto a handrail?

___ Always ___ Sometimes ___ Never ___ Not Sure

If sometimes, how long (in minutes)? _____

Comments: _____

d) Find my own way to the bus stop without assistance

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

e) Find my own way to the bus stop if I receive training

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

f) Travel alone outside the house

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

g) Leave the house on time

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

h) Seek and act on directions

Always Sometimes Never Not Sure

Comments: _____

i) Safely and independently travel $\frac{1}{4}$ of a mile (4 blocks) without help from another person

Always Sometimes Never Not Sure

Comments: _____

j) Wait at a bus stop Always Sometimes Never Not Sure

If sometimes, how long (in minutes)? _____

Comments: _____

k) Board the correct bus Always Sometimes Never Not Sure

Comments: _____

l) Transfer from one bus to another

Always Sometimes Never Not Sure

Comments: _____

m) Exit at the correct destination

Always Sometimes Never Not Sure

Comments: _____

n) Tell/monitor time ___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

o) Walk on hills/steep terrain

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

p) Deal with unexpected situations

___ Always ___ Sometimes ___ Never ___ Not Sure

Comments: _____

10. If GoCary offered free training on how to ride the fixed route buses, would you be interested?

___ Yes ___ No

If No, please explain: _____

11. Do you require a Personal Care Attendant (PCA) to assist with travel? A PCA is any individual who assists you with carrying out your life activities and is different than a guest or companion. Your PCA may accompany you at no additional charge.

___ Yes, Sometimes ___ Yes, Always ___ No

12. How far can you walk/travel by yourself or with the assistance of a mobility aid (choose one of the options below and fill in a number beside it)?

___ Feet ___ Blocks ___ Miles

Applicant Name _____

Authorization for Release of Information

I authorize the professional who has completed part C of this application to release to the Town of Cary/GoCary, information about my disability or health condition and its effect on my ability to travel on the GoCary transit system. I understand that I may revoke this authorization at any time.

I, the applicant, understand that the purpose of this application is to determine my eligibility to use the GoCary Door to Door services. I agree to release the information requested to the Town of Cary/GoCary and any eligibility review panel and understand that the information contained herein will be treated confidentially, unless otherwise required by law. I understand further that the Town of Cary/GoCary reserves the right to request additional information at its discretion. I agree to notify the Town of Cary/GoCary of any changes in the status of my disability that affects my ability to use the GoCary Door to Door services. I also understand that this may affect my eligibility as a rider.

C. Health Care Provider Verification

Signature of Applicant: _____ **Date:** _____

(Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.)

Dear Verifying Professional:

You are being asked by the applicant named in Part A of this application to provide information regarding their ability to use the public transportation services of GoCary, as described in Part B. GoCary provides transportation services to eligible persons with disabilities who cannot use regular fixed route bus services. The information you provide

will allow us to evaluate the request and determine the individual's specific needs. Thank you for your cooperation in this matter.

PLEASE NOTE: All GoCary fixed route bus services available within the Town of Cary are accessible to persons with disabilities.

The individual applying for service under the Americans with Disabilities Act (ADA) **MUST BE UNABLE TO ACCESS THESE SERVICES** due to:

- Conditions which prevent them from getting to or from a GoCary fixed route bus stop, or transferring between vehicles **and/or**
- Conditions which prevent them from being able to plan for, board, ride, or disembark an ADA accessible fixed route vehicle

The completed application must be submitted to GoCary within thirty (30) days of completion by the selected professional and can be returned to the applicant or sent to the following:

By Mail: Town of Cary
 Attn: GoCary Door to Door
 P.O. Box 8005
 Cary, NC 27512

By Email:
BetterTransit@GoCary.org

In Person: GoCary Operations Center
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By Fax:
(919) 380-6426

(PLEASE PRINT)

Name of Applicant: _____

1. Capacity in which you know the applicant: _____

2. When was the applicant last treated or seen by you? _____

3. On average, how frequently is the applicant seen by you? _____

4. Has the applicant been diagnosed with a physical, cognitive, psychological, or other disability that would prevent them from using GoCary's fixed route bus service?

_____ Yes _____ No

5. Is the applicant's disability:

_____ Physical _____ Cognitive _____ Psychological _____ Other

6. What is the applicant's disability (Please be specific but use layman's terms)?

7. What is the date of onset? _____

8. Does the applicant's disability or condition prevent the use of regular fixed route bus service?

_____ Yes, Sometimes _____ Yes, Always _____ No

If Sometimes or Always, please explain: _____

9. Could the applicant use regular fixed route buses with travel training? Travel training is an instructional process where individuals learn how to navigate and ride public transit safely and independently. It can be offered through one-on-one training or group training.

_____ Yes, Sometimes _____ Yes, Always _____ No

If Sometimes or Always, please explain: _____

10. How far can the applicant walk/travel by themselves or with the assistance of a mobility aid? (choose one of the options below and fill in a number beside it)

_____ Feet _____ Blocks _____ Miles

11. What is the expected duration of this individual's condition?

_____ Temporary: Approximate expected duration until (date) _____

_____ Long-term: Potential for improvement or periods of remission

_____ Permanent: No expectation of functional improvement

I have read Parts A and B in their entirety _____ Yes _____ No

I agree with the information provided in Part B _____ Yes _____ No

If no, please explain: _____

Please choose the statement below which best represents your professional opinion regarding the applicant's use of public transportation:

_____ The applicant should be able to access fixed route public transportation successfully.

_____ The applicant can use fixed route public transportation successfully but may need to utilize Door to Door service **under certain conditions** due to a disabling condition or functional limitation.

Please explain conditions: _____

_____ The applicant cannot use fixed route public transportation due to a disabling condition or functional limitation and requires Door to Door service **without conditions**.

Printed Name _____

Title _____
(If not a licensed physician, please indicate Title & Certification)

Organization/Practice _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Fax #: _____

Email address: _____

Signature: _____ **Date:** _____

Applicant Name _____

FOR GOCARY USE ONLY

APPROVED _____

DENIED _____

UNCONDITIONAL _____

CONDITIONAL _____

TEMPORARY _____

ISSUED BY _____

TITLE _____

DATE _____

FILE NUMBER _____